

CLAIMANT'S NAME Joan M. Borucki		SSN or EMPLOYEE NUMBER*		DEPARTMENT California State Lottery	
POSITION Director	CB/ID No. E99	DIVISION or BUREAU Executive		INDEX NUMBER	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 600 North 10th Street		TELEPHONE NUMBER (916) 323-0403	
CITY	STATE	ZIP CODE	CITY Sacramento	STATE CA	ZIP CODE 95811

(1) NORMAL WORK HOURS 0800-1700	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.500
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
01/07	1500	Sacramento - Phoenix - Scottsdale, AZ.	185.07			18.00			rc	13.43	10.50	5.25		221.75
01/08			185.07	6.00	10.00	18.00	6.00		rc	13.43		0.00		238.50
01/09	1630	Scottsdale, AZ - Phoenix - Sacramento		6.00	10.00		6.00	70.08	rc	24.00	28.80	14.40		130.48
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			370.14	12.00	20.00	36.00	12.00	70.08		50.86	39.30	19.65	0.00	590.73
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$590.73



(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended the National Council of Legislators from Gaming States Conference.
 Hotel self parking = \$12.00 + parking sales tax

AGENCY ACCOUNTING OFFICE
 USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) 	DATE
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